

Driver License Examinations Staff Roster

Driver Training School Program PO Box 435 Olympia, WA 98507

Email: tse@dol.wa.gov

If you have not done so already, submit a fingerprint card and a background check processing fee of \$32.50 for each staff listed on the Roster. Make check payable to Department of Licensing and submit with the Roster and fingerprint cards to: **Driver Training School Program, Department of Licensing, PO Box 35001, Seattle, WA 98124-3401**.

You can get a fingerprint card from the Department of Licensing or any law enforcement agency. You may take your fingerprint card to any law enforcement agency that performs fingerprinting services. Each fingerprinting service sets its own fee, which you must pay at the time of fingerprinting. This is in addition to the \$32.50 processing fee you submit for each staff listed on the Roster.

Driving school or school district name				
Staff name (First, Middle Initial, Last)	Date of birth	Social Secur	ity number	Status Add Delete
Testing site location	(Area code) Teleph	none number	Email	,
Staff name (First, Middle Initial, Last)	Date of birth	Social Secur	ity number	Status Add Delete
Testing site location	(Area code) Teleph	none number	Email	,
Staff name (First, Middle Initial, Last)	Date of birth	Social Secur	ity number	Status Add Delete
Testing site location	(Area code) Teleph	none number	Email	
Staff name (First, Middle Initial, Last)	Date of birth	Social Secur	ity number	Status Add Delete
Testing site location	(Area code) Teleph	none number	Email	,
Staff name (First, Middle Initial, Last)	Date of birth	Social Secur	ity number	Status Add Delete
Testing site location	(Area code) Teleph	(Area code) Telephone number Email		,
Staff name (First, Middle Initial, Last)	Date of birth	Social Secur	ity number	Status Add Delete
Testing site location	(Area code) Teleph	(Area code) Telephone number Email		,
Staff name (First, Middle Initial, Last)	Date of birth	Social Secur	ity number	Status Add Delete
Testing site location	(Area code) Teleph	code) Telephone number Email		,
Staff name (First, Middle Initial, Last)	Date of birth	Social Secur	ity number	Status Add Delete
Testing site location	(Area code) Teleph	none number Email		,
Staff name (First, Middle Initial, Last)	Date of birth	Social Secur	ity number	Status Add Delete
Testing site location	(Area code) Teleph	one number Email		
Staff name (First, Middle Initial, Last)	Date of birth	Social Secur	ity number	Status Add Delete
Testing site location	(Area code) Teleph	none number	Email	,
Staff name (First, Middle Initial, Last)	Date of birth	Social Secur	ity number	Status Add Delete
Testing site location	(Area code) Teleph	none number	Email	1

Use additional pages if needed.